

DEPARTMENT OF HOMELAND SECURITY  
Bureau of Customs and Border Protection  
**APPLICATION FOR IDENTIFICATION CARD**

19 U.S.C. 66, 1551, 1555, 1565, 1624, 1641;  
19 CFR 112.42, 118, 122.182, 146.6

OMB. No.  
1651-0008  
See back of form  
for Paperwork  
Reduction Act  
Notice and  
Privacy Act Notice

*Please Type or Print*

<b>1. TYPE OF ACTIVITY REQUIRING IDENTIFICATION CARD</b> <div style="display: flex; justify-content: space-between; font-size: small;"><div><input type="checkbox"/> Cartman/ Lighterman    <input type="checkbox"/> Broker's Employee    <input type="checkbox"/> Security Area Identification    <input type="checkbox"/> Warehouse Officer or Employee    <input type="checkbox"/> Container Station Employee</div><div><input type="checkbox"/> Foreign Trade Zone Employee    <input type="checkbox"/> CES Employee</div></div>						<b>2. DATE OF THIS APPLICATION</b>	
<b>3. NAME (Last, First, &amp; Middle)</b>					<b>4. SOCIAL SECURITY NUMBER</b>		
<b>5. LIST ANY OTHER NAMES YOU HAVE EVER BEEN KNOWN BY (Nicknames, aliases, etc.)</b>					<b>6. DATE OF BIRTH</b>		
<b>7. HOME ADDRESS (Number, Street, City, State, and ZIP Code)</b>			<b>8. NAME AND ADDRESS OF PRESENT EMPLOYER</b>				
<b>9. HOME PHONE NUMBER</b>			<b>10. BUSINESS PHONE NUMBER</b>				
<b>11. PLACE OF BIRTH (City, County, State, and Country)</b>			<b>12. HEIGHT</b>	<b>13. WEIGHT</b>	<b>14. COLOR HAIR</b>	<b>15. COLOR EYES</b>	
<b>16. VISIBLE SCARS OR MARKS</b>							
<b>17. U.S. COAST GUARD PORT SECURITY CARD NUMBER</b>			<b>18. U.S. MERCHANT MARINE CARD NUMBER</b>				
<b>19. HAVE YOU EVER APPLIED FOR CARD IN ITEM 17 OR ITEM 18?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    (Skip Items 20 and 21)			<b>20. HAS APPLICATION FOR EITHER CARD IN ITEM 17 OR 18 BEEN DENIED?</b> <input type="checkbox"/> YES    (If Yes, explain in Item 21) <input type="checkbox"/> NO    (Skip Item 21)				
<b>21. EXPLANATION OF APPLICATION DENIAL</b>							
<b>22. LIST ALL RESIDENCES DURING THE LAST 5 YEARS (List in reverse order, beginning with the present address)</b>							
DATES		Number and Street		City		State	
From	To						
	PRESENT						
<b>23. HAVE YOU EVER SERVED IN THE ARMED SERVICES OF THE U.S.?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    (Skip Items 24-28)			<b>24. BRANCH OF SERVICE</b>				
<b>25. DATES OF SERVICE</b>			<b>26. SERIAL NUMBER</b>		<b>27. TYPE OF DISCHARGE</b>		
<b>28. IF DISCHARGE WAS OTHER THAN HONORABLE, EXPLAIN IN FULL DETAIL</b>							
<b>29. HAVE YOU EVER APPLIED FOR AN IDENTIFICATION CARD WITH THE BUREAU OF CUSTOMS AND BORDER PROTECTION?</b> <div style="text-align: right;"><input type="checkbox"/> YES    (If Yes, explain details)                      <input type="checkbox"/> NO</div>							

## 30. PREVIOUS EMPLOYMENT -- LIST IN CHRONOLOGICAL ORDER, GIVING EARLIEST EMPLOYMENT FIRST (Last 10 Years)

DATES		EMPLOYER NAME AND ADDRESS	OCCUPATION
From	To		

31. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR OFFENSE (Other than traffic violations, you may exclude any items which occurred before your 16th birthday) IN THIS COUNTRY OR ELSEWHERE?

☐ YES (If YES, explain in Item 32.)☐ NO

32. EXPLANATION OF ALL CONVICTIONS (Federal, State, Military, or Foreign)

Date	Place	Charge	Court	Final Disposition

33. DO YOU NOW USE OR HAVE YOU EVER USED NARCOTIC DRUGS?

☐ YES (If YES, explain below)☐ NO

34. ATTACH PHOTOGRAPH HERE

<b>35. CERTIFICATION</b>	<i>I certify that all of the statements made in this Application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.</i>	<b>SIGNATURE</b> <b>X</b>	<b>DATE</b>
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Paperwork Reduction Act Notice: The Paperwork Reduction Act says we must tell you why we are collecting this information, how we will use it, and whether you have to give it to us. We ask for this information to carry out the Bureau of Customs and Border Protection laws of the United States. This form is used by licensed cartmen or lightermen or their employees as an application to apply for a CBP identification card and is required to obtain or retain a benefit. The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper depending on individual circumstances. The valid OMB Control Number for this Information Collection is 1651-0008.

Pursuant to the requirements of Public law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on Form CBP-3078 is 5 U.S.C. 301, Reorganization Plan No. 1 of 1950; 19 U.S.C. 1551, 1565, 1624, 1641; 19 CFR 112.42. The principal purpose for collecting the information is to enable the CBP to conduct a background investigation and thereby determine whether the applicant meets the criteria required for the issuance of an identification card. The information collected and contained in the applicant's file may be provided to those employees of the CBP who have a need for the records in the performance of their duties. The information may also be used, when deemed appropriate, in a proceeding to revoke or suspend the identification card. Disclosure of all information requested on Form CBP-3078 is voluntary; however, failure to disclose some or all of this information may result in the CBP's inability to conduct the required background investigation.